

# How to Document a Referral to Early Intervention Services



**Requirement:** If a child under 3 years of age is a victim in a substantiated or established incident of child abuse or neglect, CP&P must refer that child to the New Jersey Early Intervention System (NJEIS) in his or her county of residence.

**Note:** If at the conclusion of your investigation a child meets the criteria for a referral and the EIS referral has not been documented correctly in NJS, a pop up window will remind you to make the referral and to document it in NJ Spirit.

Next



## Go to the Medical Mental Health Window > Medical Activities Tab> Click Insert

	Field	What do I enter?
Step 1	Service Dates	Date of the Referral
Step 2	Medical/Mental Health Type	Early Intervention Services Assessment
Step 3	Medical/Mental Health Activity	Referred to Early Intervention Services
Step 4	NJSPIRIT Resource Provider	Search for EIS Provider or enter Provider Name in Provider Text box.

## Don't Forget to also Document when a Child is Receiving Early Intervention Services!



**Go to the Medical Mental Health Window > Medical Profile Tab > Developmental History Group Box**

Field	What do I enter?
Is the child receiving services from EIP (Early Intervention Program)?	Yes

Medical Mental Health - Internet Explorer provided by DCF

SPRINT

Desktop > Create Case Work > Medical Mental Health

General Information

Name: Test, Child      Person ID: 17763319      Race: American Indian/ Alaska Native  
 Gender: Male      Date of Birth: 01/01/2002      Primary Worker:

Medical Profile    Providers    Medications    Medical Activities    Diagnosis    Characteristics    Health Plan

Current Health

Current Weight:  lb,  kg,  %    Height:  in,  cm,  %    Head Circumference:  in,  cm,  %    BMI:  %

Current Health problems/illnesses/conditions:

Does the child have any allergies?: ☐ Yes ☐ No ☒ Unknown    If yes, please describe:

Epinephrine Auto-Injector (EpiPen) Required?: ☐ Yes ☐ No ☒ Unknown

Developmental History

Developmental History: ☐ On Target ☐ Delayed ☒ Unknown

Please list and date latest milestones and tasks attained:

Is the child receiving therapy? ☐ Yes ☐ No ☒ Unknown    (check those that apply)

Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Other ☐

Frequency / Schedule of Therapy:

Is the child receiving services from EIP (Early Intervention Program)? ☐ Yes ☐ No ☒ Unknown

Is the child receiving services from SCHS (Special Child Health Services)? ☐ Yes ☐ No ☒ Unknown

Vision Problems: ☐ Yes ☐ No ☒ Unknown

If yes, please describe:

Does the child wear glasses? ☐ Yes ☐ No ☒ Unknown

Does the child wear contact lenses? ☐ Yes ☐ No ☒ Unknown

Hearing problems? ☐ Yes ☐ No ☒ Unknown

Options:



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